

Name: ()
Tel. No.: ()

LABEL HERE



UNITED STATES POSTAL SERVICE

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09/554969

POST OFFICE
TO ADDRESSEE



UNITED STATES POSTAL SERVICE™



EL483141305US

ORIGIN (POSTAL USE ONLY)

DELIVERY (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery	Flat Rate Envelope
43200	<input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
Date in	Postage	
5-23-00	\$ 15.00	
Mo. Day Year	Return Receipt Fee	
5-23-00		
Time in	Weight	
AM	1 lbs.	
PM	ozs.	
Int'l Alpha Country Code	Acceptance Clerk Initials	
Weight	COD Fee	Insurance Fee
1 lbs.		
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	Total Postage & Fees	
	\$ 15.00	

Delivery Attempt	Time	Employee Signature
Mo. Day	AM	
Delivery Attempt	Time	
Mo. Day	AM	
Delivery Date	Time	
Mo. Day	AM	
Signature of Addressee or Agent		
Mo. Day	AM	
Signature of Addressee or Agent		
Mo. Day	AM	
Name - Please Print		
X		

CUSTOMER USE ONLY
TO FILE A CLAIM FOR DAMAGE OR LOSS OF CONTENTS, YOU MUST PRESENT THE ARTICLE, CONTAINER, AND PACKAGING TO THE USPS FOR INSPECTION.

☐ WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. (If delivery employee) I agree that article can be left in secure location) and I authorize that delivery employee's signature is sufficient proof of delivery.

FROM: (PLEASE PRINT)

PHONE

TO: (PLEASE PRINT)

PHONE

FROM: (PLEASE PRINT)
Domestic Sales 5049

TO: (PLEASE PRINT)
Asst. Commissioner for Patents
Box PCT
Washington, DC

EXPRESS MAIL LABEL DATE IN
MAY 23 2000

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov



Addressee Copy
Label 11-F July 1997